

# **FY 2005 EOP Mini-Messages as of September 12, 2005**

Messages are listed in year-to-date order:

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## **October 01, 2004 EOP Mini-Messages**

### **ATTENTION ALL PROVIDERS:**

THE RELEASE OF DIRECT DEPOSITS AND CHECKS FOR THIS EOP DEPENDS ON THE AVAILABILITY OF FUNDS. PLEASE VERIFY DIRECT DEPOSIT STATUS WITH YOUR BANK. GO TO [WWW.MEDICAID.STATE.AL.US](http://WWW.MEDICAID.STATE.AL.US) TO VIEW THE PAYMENT DELAY UPDATE DETAILS. NOTE: AFTER THE 09/10/04 CHECKWRITE, PAYMENT ALERTS WILL BE POSTED ONLY IF THERE WILL BE A PAYMENT DELAY.

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### **ATTENTION ALL PHARMACIES:**

EDS HAS IDENTIFIED A NUMBER OF CLAIMS WHERE PAYMENTS WERE NOT CORRECTLY REVERSED BASED ON A PROVIDER INITIATED REVERSAL. EDS WILL BE SUBMITTING VOID TRANSACTIONS IN THIS CHECKWRITE CYCLE TO CORRECT THIS SITUATION. YOU WILL SEE A CREDIT ON YOUR EOP IF THIS AFFECTS YOU. THE CREDITS CREATED CAN BE IDENTIFIED BY LOOKING FOR AN ICN BEGINNING WITH THE NUMBER SEQUENCE 5104270.

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### **ATTENTION ALL DENTISTS:**

CORRECTION TO THE SEPTEMBER PROVIDER INSIDER ARTICLE: ROOT CANALS 'ARE NOT' LIMITED TO RECIPIENTS 15 TO 20 YEARS OF AGE.

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### **ATTENTION ALL PHYSICIANS:**

MEDICAID IS REINSTATING THE PHYSICIAN OFFICE VISIT LIMIT OF 14 PER CALENDAR YEAR, RETROACTIVE TO 05/01/04. PROVIDER'S CLAIMS THAT HAVE BEEN DENIED ARE BEING REPROCESSED AND ARE EXPECTED TO APPEAR ON THE OCTOBER EOPS.

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**ATTENTION PROVIDER ELECTRONIC SOLUTIONS SOFTWARE USERS:**

SOFTWARE VERSION 2.04, UPGRADE AND FULL INSTALL, IS NOW AVAILABLE.

THE 2.04 SOFTWARE CAN BE DOWNLOADED FROM THE MEDICAID WEBSITE. TO DOWNLOAD THE SOFTWARE, GO TO:  
[HTTPS://ALMEDICALPROGRAM.ALABAMA-MEDICAID.COM/SECURE/LOGO N.DO](https://almedicalprogram.alabama-medicaid.com/secure/logo.n.do). CLICK ON WEB HELP, SCROLL DOWN TO THE SOFTWARE DOWNLOAD SECTION, AND DOWNLOAD THE SOFTWARE.

IF YOU CURRENTLY HAVE ANY VERSION OF THE SOFTWARE PRIOR TO 2.03 INSTALLED, YOU MUST UPGRADE TO 2.03 BEFORE ATTEMPTING TO UPGRADE TO 2.04. FOR FURTHER ASSISTANCE, OR TO REQUEST THE SOFTWARE

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## **October 15, 2004 EOP Mini-Messages**

**ATTENTION ALL PROVIDERS:**

THE RELEASE OF DIRECT DEPOSITS AND CHECKS FOR THIS EOP DEPENDS ON THE AVAILABILITY OF FUNDS. PLEASE VERIFY DIRECT DEPOSIT STATUS WITH YOUR BANK. GO TO [WWW.MEDICAID.STATE.AL.US](http://WWW.MEDICAID.STATE.AL.US) TO VIEW THE PAYMENT DELAY UPDATE DETAILS.

NOTE: AFTER THE 09/10/04 CHECKWRITE PAYMENT ALERTS WILL BE POSTED ONLY IF THERE WILL BE A PAYMENT DELAY.

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**IMPORTANT NOTICE TO ALL MEDICARE PART B PROVIDERS:**

EFFECTIVE 09/01/2004, YOU MUST ENTER MEDICAID INFORMATION, INCLUDING THE MEDICAID NUMBER, ON MEDICARE PART B CLAIMS IN ORDER FOR MEDICAID TO CONSIDER THE CLAIM FOR PAYMENT.

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**ATTENTION ALL DENTISTS:**

CORRECTION TO THE SEPTEMBER PROVIDER INSIDER ARTICLE: ROOT CANALS 'ARE NOT' LIMITED TO RECIPIENTS 15 TO 20 YEARS OF AGE.

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**ATTENTION ALL PHYSICIANS:**

MEDICAID IS REINSTATING THE PHYSICIAN OFFICE VISIT LIMIT OF 14 PER CALENDAR YEAR, RETROACTIVE TO 05/01/04. PROVIDER'S CLAIMS THAT HAVE BEEN DENIED ARE BEING REPROCESSED AND ARE EXPECTED TO APPEAR ON THE OCTOBER EOPS.

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**ATTENTION PROVIDER ELECTRONIC SOLUTIONS SOFTWARE USERS:**

SOFTWARE VERSION 2.04, UPGRADE AND FULL INSTALL, IS NOW AVAILABLE. THE 2.04 SOFTWARE CAN BE DOWNLOADED FROM THE MEDICAID WEBSITE.

TO DOWNLOAD THE SOFTWARE, GO TO:  
[HTTPS://ALMEDICALPROGRAM.ALABAMA-MEDICAID.COM/SECURE/LOGO N.DO](https://almedicalprogram.alabama-medicaid.com/secure/logo.n.do). CLICK ON WEB HELP, SCROLL DOWN TO THE SOFTWARE DOWNLOAD SECTION, AND DOWNLOAD THE SOFTWARE. IF YOU CURRENTLY HAVE ANY VERSION OF THE SOFTWARE PRIOR TO 2.03 INSTALLED, YOU MUST UPGRADE TO 2.03 BEFORE ATTEMPTING TO UPGRADE TO 2.04. FOR FURTHER ASSISTANCE, OR TO REQUEST THE SOFTWARE

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**November 5, 2004 EOP Mini-Messages**

**ATTENTION ALL PROVIDERS:**

THE RELEASE OF DIRECT DEPOSITS AND CHECKS FOR THIS EOP DEPENDS ON THE AVAILABILITY OF FUNDS. PLEASE VERIFY DIRECT DEPOSIT STATUS WITH YOUR BANK. GO TO [WWW.MEDICAID.STATE.AL.US](http://WWW.MEDICAID.STATE.AL.US) TO VIEW THE PAYMENT DELAY UPDATE DETAILS. PAYMENT ALERTS WILL BE POSTED ONLY IF THERE WILL BE A PAYMENT DELAY.

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**IMPORTANT NOTICE TO ALL MEDICARE PART B PROVIDERS:**

EFFECTIVE 09/01/04, YOU MUST ENTER MEDICAID INFORMATION, INCLUDING THE MEDICAID NUMBER, ON MEDICARE PART B CLAIMS IN ORDER FOR MEDICAID TO CONSIDER THE CLAIM FOR PAYMENT.

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**ATTENTION PROVIDER ELECTRONIC SOLUTIONS SOFTWARE USERS:**

SOFTWARE VERSION 2.04, UPGRADE AND FULL INSTALL, IS NOW AVAILABLE. THE 2.04 SOFTWARE CAN BE DOWNLOADED FROM THE MEDICAID WEBSITE.

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## **November 19, 2004 EOP Mini-Messages**

### **ATTENTION ALL PROVIDERS:**

THE RELEASE OF DIRECT DEPOSITS AND CHECKS FOR THIS EOP DEPENDS ON THE AVAILABILITY OF FUNDS. PLEASE VERIFY DIRECT DEPOSIT STATUS WITH YOUR BANK. GO TO [WWW.MEDICAID.STATE.AL.US](http://WWW.MEDICAID.STATE.AL.US) TO VIEW THE PAYMENT DELAY UPDATE DETAILS. PAYMENT ALERTS WILL BE POSTED ONLY IF THERE WILL BE A PAYMENT DELAY.

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### **ATTENTION: ALL PROVIDERS:**

THE ALABAMA MEDICAID AGENCY AND EDS WILL BE CLOSED NOVEMBER 25 AND 26 IN OBSERVANCE OF THANKSGIVING. THE PHARMACY HELPDESK WILL BE AVAILABLE BOTH DAYS FROM 9:00 A.M. UNTIL 5:00 P.M. AND CAN BE REACHED AT 1-800-456-1242.

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### **ATTENTION: ALL PHP HOSPITALS**

REMINDER: ALL PHP INPATIENT CLAIMS FROM 10/01/03 – 09/30/04 MUST BE FILED AND RECEIVED BY FEBRUARY 28, 2005.

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### **IMPORTANT NOTICE TO ALL MEDICARE PART B PROVIDERS:**

EFFECTIVE 09/01/04, YOU MUST ENTER MEDICAID INFORMATION, INCLUDING THE MEDICAID NUMBER, ON MEDICARE PART B CLAIMS IN ORDER FOR MEDICAID TO CONSIDER THE CLAIM FOR PAYMENT.

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**ATTENTION PROVIDER ELECTRONIC SOLUTIONS SOFTWARE USERS:**

SOFTWARE VERSION 2.04, UPGRADE AND FULL INSTALL, IS NOW AVAILABLE. THE 2.04 SOFTWARE CAN BE DOWNLOADED FROM THE MEDICAID WEBSITE.

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TO THE SOFTWARE DOWNLOAD SECTION, AND DOWNLOAD THE SOFTWARE. IF YOU CURRENTLY HAVE ANY VERSION OF THE SOFTWARE PRIOR TO 2.03 INSTALLED, YOU MUST UPGRADE TO 2.03 BEFORE ATTEMPTING TO UPGRADE TO 2.04. FOR FURTHER ASSISTANCE, OR TO REQUEST THE SOFTWARE

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**ATTENTION: ALL PROVIDERS**

THERE WILL BE CHANGES TO THE EOP AND ELECTRONIC 835 ON THE 12/3/2004 CHECKWRITE. THE ELECTRONIC 835 WILL NOW INCLUDE THE MEDICAL RECORD NUMBER IN LOOP 2100 REF01 = EA, THE BILL TYPE (FACILITY CODE) IN LOOP 2100 CLP08, AND THE PLAN CODE IN LOOP 2100 REF01 = G3. THE EOP WILL NOW DISPLAY THE MEDICAL RECORD NUMBER, THE ALLOWED AMOUNTS, AND THE DIFFERENCE BETWEEN BILLED AND ALLOWED AMOUNTS. HOSPITAL EOPS WILL ALSO DISPLAY ENCOUNTER PLAN CODES. NURSING FACILITY EOPS WILL ALSO DISPLAY PATIENT LIABILITY AMOUNTS.

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## **December 03, 2004 EOP Mini-Messages**

**ATTENTION ALL PROVIDERS:**

THE RELEASE OF DIRECT DEPOSITS AND CHECKS FOR THIS EOP DEPENDS ON THE AVAILABILITY OF FUNDS. PLEASE VERIFY DIRECT DEPOSIT STATUS WITH YOUR BANK. GO TO [WWW.MEDICAID.STATE.AL.US](http://WWW.MEDICAID.STATE.AL.US) TO VIEW THE PAYMENT DELAY UPDATE DETAILS. PAYMENT ALERTS WILL BE POSTED ONLY IF THERE WILL BE A PAYMENT DELAY.

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**ATTENTION ALL PROVIDERS:**

EFFECTIVE WITH THIS CHECKWRITE (12/03/04), THERE WILL BE CHANGES TO THE EOP AND ELECTRONIC 835 TRANSACTIONS. THE ELECTRONIC 835 WILL NOW INCLUDE THE MEDICAL RECORD NUMBER IN LOOP 2100 REF01 = EA, THE BILL TYPE (FACILITY CODE) IN LOOP 2100 CLP08, AND THE PLAN CODE IN LOOP 2100 REF01 = G3. THE EOP WILL NOW DISPLAY THE MEDICAL RECORD NUMBER, THE ALLOWED AMOUNTS, AND THE DIFFERENCE BETWEEN BILLED AND ALLOWED AMOUNTS. HOSPITAL EOPS WILL ALSO DISPLAY ENCOUNTER PLAN CODES. NURSING FACILITY EOPS WILL ALSO DISPLAY PATIENT LIABILITY AMOUNTS.

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**ATTENTION ALL PHP HOSPITALS:**

REMINDER: ALL PHP INPATIENT CLAIMS FROM 10/01/03 – 09/30/04 MUST BE FILED AND RECEIVED BY FEBRUARY 28, 2005.

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**IMPORTANT NOTICE TO ALL MEDICARE PART B PROVIDERS:**

EFFECTIVE 09/01/04, YOU MUST ENTER MEDICAID INFORMATION, INCLUDING THE MEDICAID NUMBER, ON MEDICARE PART B CLAIMS IN ORDER FOR MEDICAID TO CONSIDER THE CLAIM FOR PAYMENT.

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**ATTENTION PROVIDER ELECTRONIC SOLUTIONS SOFTWARE USERS:**

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CLICK ON WEB HELP, SCROLL DOWN TO THE SOFTWARE DOWNLOAD SECTION, AND DOWNLOAD THE SOFTWARE. IF YOU CURRENTLY HAVE ANY VERSION OF THE SOFTWARE PRIOR TO 2.03 INSTALLED, YOU MUST UPGRADE TO 2.03 BEFORE ATTEMPTING TO UPGRADE TO 2.04.

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## **December 17, 2004 EOP Mini-Messages**

### **ATTENTION ALL PROVIDERS:**

THE RELEASE OF DIRECT DEPOSITS AND CHECKS FOR THIS EOP DEPENDS ON THE AVAILABILITY OF FUNDS. PLEASE VERIFY DIRECT DEPOSIT STATUS WITH YOUR BANK. GO TO [WWW.MEDICAID.STATE.AL.US](http://WWW.MEDICAID.STATE.AL.US) TO VIEW THE PAYMENT DELAY UPDATE DETAILS. PAYMENT ALERTS WILL BE POSTED ONLY IF THERE WILL BE A PAYMENT DELAY.

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### **ATTENTION ALL PROVIDERS:**

THE ALABAMA MEDICAID AGENCY WILL BE CLOSED ON 12/24/04 AND 12/31/04 IN OBSERVANCE OF THE HOLIDAYS; EDS WILL BE CLOSED ON 12/23/04 AND 12/24/04. THE PHARMACY HELPDESK WILL BE AVAILABLE FROM 9:00 A.M. UNTIL 5:00 P.M. DURING THIS TIME AND CAN BE REACHED AT 1-800-456-1242.

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### **ATTENTION ALL PROVIDERS:**

CHANGES HAVE BEEN MADE TO THE EOP AND ELECTRONIC 835 TRANSACTION FORMATS. THE ELECTRONIC 835 WILL NOW INCLUDE THE MEDICAL RECORD NUMBER IN LOOP 2100 REF01 = EA, THE BILL TYPE (FACILITY CODE) IN LOOP 2100 CLP08, AND THE PLAN CODE IN LOOP 2100 REF01 = G3.

THE EOP WILL NOW DISPLAY THE MEDICAL RECORD NUMBER, THE ALLOWED AMOUNTS, AND THE DIFFERENCE BETWEEN BILLED AND ALLOWED AMOUNTS.

HOSPITAL EOPS WILL ALSO DISPLAY ENCOUNTER PLAN CODES. NURSING FACILITY EOPS WILL ALSO DISPLAY PATIENT LIABILITY AMOUNTS.

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### **ATTENTION ALL PHP HOSPITALS:**

REMINDER: ALL PHP INPATIENT CLAIMS FROM 10/01/03 – 09/30/04 MUST BE FILED AND RECEIVED BY FEBRUARY 28, 2005.

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**IMPORTANT NOTICE TO ALL MEDICARE PART B PROVIDERS:**

EFFECTIVE 09/01/04, YOU MUST ENTER MEDICAID INFORMATION, INCLUDING THE MEDICAID NUMBER, ON MEDICARE PART B CLAIMS IN ORDER FOR MEDICAID TO CONSIDER THE CLAIM FOR PAYMENT.

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**ATTENTION PROVIDER ELECTRONIC SOLUTIONS SOFTWARE USERS:**

SOFTWARE VERSION 2.04, UPGRADE AND FULL INSTALL, IS NOW AVAILABLE. THE 2.04 SOFTWARE CAN BE DOWNLOADED FROM THE MEDICAID WEBSITE.

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## **January 07, 2005 EOP Mini-Messages**

**ATTENTION: ALL PROVIDERS**

THE RELEASE OF DIRECT DEPOSITS AND CHECKS FOR THIS EOP DEPENDS ON THE AVAILABILITY OF FUNDS. PLEASE VERIFY DIRECT DEPOSIT STATUS WITH YOUR BANK. GO TO [WWW.MEDICAID.STATE.AL.US](http://WWW.MEDICAID.STATE.AL.US) TO VIEW THE PAYMENT DELAY UPDATE DETAILS. PAYMENT ALERTS WILL BE POSTED ONLY IF THERE WILL BE A PAYMENT DELAY.

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**INFLUENZA SHOTS** – PROVIDERS WITH INSUFFICIENT INFLUENZA VACCINE SUPPLY TO VACCINATE THEIR HIGH PRIORITY MEDICAID CHILDREN, SHOULD CONTACT THEIR LOCAL HEALTH DEPARTMENT TO DETERMINE IF ADDITIONAL VACCINE IS AVAILABLE FOR ORDER AND TO SEEK GUIDANCE REGARDING ANY EFFORTS TO REALLOCATE VACCINE AMONG PROVIDERS.

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**ATTENTION: ALL PROVIDERS**

THE PATIENT 1ST PROGRAM OFFICIALLY BEGAN 12/01/04 IN CERTAIN COUNTIES AND WILL BE EFFECTIVE STATEWIDE 02/01/05. IN ORDER TO MAKE THIS TRANSITION EASIER, MEDICAID WILL WAIVE THE PMP REFERRAL REQUIREMENT UNTIL 02/28/05.

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**ATTENTION: ALL PROVIDERS**

ICD-9 DIAGNOSIS CODES MUST BE LISTED TO THE HIGHEST NUMBER OF DIGITS POSSIBLE (3, 4, OR 5 DIGITS). ON 12/17/04, MEDICAID BEGAN VALIDATING DIAGNOSIS CODES TO THE HIGHEST SUBDIVISION. DO NOT USE A DECIMAL POINT IN THE DIAGNOSIS CODE FIELD.

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**ATTENTION: ALL PHP HOSPITALS**

REMINDER: ALL PHP INPATIENT CLAIMS FROM 10/01/03 – 09/30/04 MUST BE FILED AND RECEIVED BY FEBRUARY 28, 2005.

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## **January 21, 2005 EOP Mini-Messages**

**ATTENTION: ALL PROVIDERS**

THE RELEASE OF DIRECT DEPOSITS AND CHECKS FOR THIS EOP DEPENDS ON THE AVAILABILITY OF FUNDS. PLEASE VERIFY DIRECT DEPOSIT STATUS WITH YOUR BANK. GO TO [WWW.MEDICAID.STATE.AL.US](http://WWW.MEDICAID.STATE.AL.US) TO VIEW THE PAYMENT DELAY UPDATE DETAILS. PAYMENT ALERTS WILL BE POSTED ONLY IF THERE WILL BE A PAYMENT DELAY.

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ANY EFFORTS TO REALLOCATE VACCINE AMONG PROVIDERS.

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**ATTENTION: ALL PROVIDERS**

THE PATIENT 1ST PROGRAM OFFICIALLY BEGAN 12/01/04 IN CERTAIN COUNTIES AND WILL BE EFFECTIVE STATEWIDE 02/01/05. IN ORDER TO MAKE THIS TRANSITION EASIER, MEDICAID WILL WAIVE THE PMP REFERRAL REQUIREMENT UNTIL 02/28/05.

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**ATTENTION: ALL PROVIDERS**

ICD-9 DIAGNOSIS CODES MUST BE LISTED TO THE HIGHEST NUMBER OF DIGITS POSSIBLE (3, 4, OR 5 DIGITS). ON 12/17/04, MEDICAID BEGAN

VALIDATING DIAGNOSIS CODES TO THE HIGHEST SUBDIVISION. DO NOT USE A DECIMAL POINT IN THE DIAGNOSIS CODE FIELD.

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**ATTENTION: ALL PHP HOSPITALS**

REMINDER: ALL PHP INPATIENT CLAIMS FROM 10/01/03 – 09/30/04 MUST BE FILED AND RECEIVED BY FEBRUARY 28, 2005.

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## **February 04, 2005 EOP Mini-Messages**

**ATTENTION: ALL PROVIDERS**

THE RELEASE OF DIRECT DEPOSITS AND CHECKS FOR THIS EOP DEPENDS ON THE AVAILABILITY OF FUNDS. PLEASE VERIFY DIRECT DEPOSIT STATUS WITH YOUR BANK. GO TO [WWW.MEDICAID.STATE.AL.US](http://WWW.MEDICAID.STATE.AL.US) TO VIEW THE PAYMENT DELAY UPDATE DETAILS. PAYMENT ALERTS WILL BE POSTED ONLY IF THERE WILL BE A PAYMENT DELAY.

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**ATTENTION: ALL PROVIDERS**

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**ATTENTION: ALL PHP HOSPITALS**

REMINDER: ALL PHP INPATIENT CLAIMS FROM 10/01/03 – 09/30/04 MUST BE FILED AND RECEIVED BY FEBRUARY 28, 2005.

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## **February 18, 2005 EOP Mini-Messages**

**ATTENTION: ALL PROVIDERS**

THE RELEASE OF DIRECT DEPOSITS AND CHECKS FOR THIS EOP DEPENDS ON THE AVAILABILITY OF FUNDS. PLEASE VERIFY DIRECT DEPOSIT STATUS WITH YOUR BANK. GO TO [WWW.MEDICAID.STATE.AL.US](http://WWW.MEDICAID.STATE.AL.US) TO VIEW THE PAYMENT DELAY UPDATE DETAILS. PAYMENT ALERTS WILL BE POSTED ONLY IF THERE WILL BE A PAYMENT DELAY.

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**ATTENTION: EYECARE PROVIDERS**

EDS IS NOW CORRECTLY DISPLAYING BENEFITS FOR EYECARE SERVICES THROUGH ELECTRONIC METHODS OF VERIFYING ELIGIBILITY. YOU NO LONGER HAVE TO CONTACT THE PROVIDER ASSISTANCE CENTER AT

1-800-688-7989 TO VERIFY ELIGIBILITY IF YOU HAVE ANOTHER METHOD TO DO SO. IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT ONE OF YOUR PROVIDER RELATIONS REPRESENTATIVES AT 1-800-688-7989.

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**ATTENTION: ALL PROVIDERS**

EFFECTIVE 03/01/05, MEDICAID WILL BEGIN VALIDATING DIAGNOSIS CODES TO THE HIGHEST SUBDIVISION. ICD-9 DIAGNOSIS CODES MUST BE LISTED TO THE HIGHEST NUMBER OF DIGITS POSSIBLE (3, 4, OR 5 DIGITS). DO NOT USE A DECIMAL POINT IN THE DIAGNOSIS CODE FIELD ON YOUR CLAIMS.

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**INFLUENZA SHOTS** – PROVIDERS WITH INSUFFICIENT INFLUENZA VACCINE SUPPLY TO VACCINATE THEIR HIGH PRIORITY MEDICAID CHILDREN, SHOULD CONTACT THEIR LOCAL HEALTH DEPARTMENT TO DETERMINE IF ADDITIONAL VACCINE IS AVAILABLE FOR ORDER AND TO SEEK GUIDANCE REGARDING ANY EFFORTS TO REALLOCATE VACCINE AMONG PROVIDERS.

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**ATTENTION: ALL PROVIDERS**

THE PATIENT 1ST PROGRAM OFFICIALLY BEGAN 12/01/04 IN CERTAIN COUNTIES AND WILL BE EFFECTIVE STATEWIDE 02/01/05. IN ORDER TO MAKE THIS TRANSITION EASIER, MEDICAID WILL WAIVE THE PMP REFERRAL REQUIREMENT UNTIL 02/28/05.

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**ATTENTION: ALL PHP HOSPITALS**

REMINDER: ALL PHP INPATIENT CLAIMS FROM 10/01/03 – 09/30/04 MUST BE FILED AND RECEIVED BY 02/28/05.

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## **March 04, 2005 EOP Mini-Messages**

**ATTENTION: ALL PROVIDERS**

THE RELEASE OF DIRECT DEPOSITS AND CHECKS FOR THIS EOP DEPENDS ON THE AVAILABILITY OF FUNDS. PLEASE VERIFY DIRECT DEPOSIT

STATUS WITH YOUR BANK. GO TO [WWW.MEDICAID.STATE.AL.US](http://WWW.MEDICAID.STATE.AL.US) TO VIEW THE PAYMENT DELAY UPDATE DETAILS. PAYMENT ALERTS WILL BE POSTED ONLY IF THERE WILL BE A PAYMENT DELAY.

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**ATTENTION: ALL PHARMACY PROVIDERS**

PRIOR AUTHORIZATIONS FOR MEDICAID PHARMACY OUTPATIENT DRUGS MUST BE SUBMITTED PRIOR TO DISPENSING THE DRUG TO ENSURE THAT A PRIOR AUTHORIZATION APPROVAL OR DENIAL CAN BE PROCESSED BY HID. MEDICAID ONLY ALLOWS FOR RETROACTIVE PRIOR AUTHORIZATIONS WHEN THE RECIPIENT IS GRANTED RETROACTIVE ELIGIBILITY OR FOR PHARMACIES FILING BATCH CLAIMS.

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**ATTENTION: ALL PROVIDERS**

THE PATIENT 1ST PROGRAM OFFICIALLY BEGAN 12/01/04 IN CERTAIN COUNTIES AND WILL BE EFFECTIVE STATEWIDE 02/01/05. IN ORDER TO MAKE

THIS TRANSITION EASIER, MEDICAID WILL WAIVE THE PMP REFERRAL REQUIREMENT UNTIL 03/31/2005.

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**March 18, 2005 EOP Mini-Messages**

**ATTENTION: ALL PROVIDERS**

THE RELEASE OF DIRECT DEPOSITS AND CHECKS FOR THIS EOP DEPENDS ON THE AVAILABILITY OF FUNDS. PLEASE VERIFY DIRECT DEPOSIT STATUS WITH YOUR BANK. GO TO [WWW.MEDICAID.STATE.AL.US](http://WWW.MEDICAID.STATE.AL.US) TO VIEW THE PAYMENT DELAY UPDATE DETAILS. PAYMENT ALERTS WILL BE POSTED ONLY IF THERE WILL BE A PAYMENT DELAY.

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**ATTENTION: ALL PROVIDERS**

EFFECTIVE 03/01/05, MEDICAID BEGAN VALIDATING DIAGNOSIS CODES TO THE HIGHEST SUBDIVISION. ICD-9 DIAGNOSIS CODES MUST BE LISTED TO THE HIGHEST NUMBER OF DIGITS POSSIBLE (3, 4, OR 5 DIGITS). DO NOT USE A DECIMAL POINT IN THE DIAGNOSIS CODE FIELD ON YOUR CLAIMS.

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**ATTENTION: ALL PROVIDERS**

THE PATIENT 1ST PROGRAM OFFICIALLY BEGAN 12/01/04 IN CERTAIN COUNTIES AND WILL BE EFFECTIVE STATEWIDE 02/01/05. IN ORDER TO MAKE

THIS TRANSITION EASIER, MEDICAID WILL WAIVE THE PMP REFERRAL REQUIREMENT UNTIL 03/31/05.

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## **April 01, 2005 EOP Mini-Messages**

**ATTENTION: ALL PROVIDERS**

THE RELEASE OF DIRECT DEPOSITS AND CHECKS FOR THIS EOP DEPENDS ON THE AVAILABILITY OF FUNDS. PLEASE VERIFY DIRECT DEPOSIT STATUS WITH YOUR BANK. GO TO [WWW.MEDICAID.STATE.AL.US](http://WWW.MEDICAID.STATE.AL.US) TO VIEW THE PAYMENT DELAY UPDATE DETAILS. PAYMENT ALERTS WILL BE POSTED ONLY IF THERE WILL BE A PAYMENT DELAY.

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**ATTENTION: ALL PROVIDERS**

EFFECTIVE 04/01/2005 THE REFERRAL REQUIREMENT FOR PATIENT 1ST RECIPIENTS WILL BE REINSTATED.

MEDICAID WILL NOT COVER SERVICES WHICH REQUIRE A PMP REFERRAL WITHOUT THE ISSUANCE OF THE REFERRAL BY THE PMP.

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**ATTENTION: PATIENT 1ST PROVIDERS**

PLEASE REMEMBER IT IS IMPORTANT TO OBTAIN THE RECIPIENT'S  
CONSENT BEFORE SUBMITTING A PMP CHANGE FORM (FORM 349).

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**ATTENTION: ALL DENTISTS AND HOSPITALS**

EFFECTIVE 04/09/2005, DENTAL SERVICES FOR RECIPIENTS 5 THROUGH 20  
YEARS OF AGE DONE IN THE HOSPITAL REQUIRES PRIOR AUTHORIZATION.  
IF YOUR CLAIM ENTERS THE SYSTEM ON OR AFTER THIS DATE, WITHOUT  
A PRIOR AUTHORIZATION NUMBER, THE CLAIM WILL DENY.

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**ATTENTION: ALL PHARMACY PROVIDERS**

PRIOR AUTHORIZATIONS FOR MEDICAID PHARMACY OUTPATIENT DRUGS  
MUST BE SUBMITTED PRIOR TO DISPENSING THE DRUG TO ENSURE THAT  
A PRIOR AUTHORIZATION APPROVAL OR DENIAL CAN BE PROCESSED BY  
HID. MEDICAID ONLY ALLOWS FOR RETROACTIVE PRIOR  
AUTHORIZATIONS WHEN THE RECIPIENT IS GRANTED RETROACTIVE  
ELIGIBILITY OR FOR PHARMACIES FILING BATCH CLAIMS.

\*\*\*\*\*

**ATTENTION: EYECARE PROVIDERS**

EDS IS NOW CORRECTLY DISPLAYING BENEFITS FOR EYECARE SERVICES  
THROUGH ELECTRONIC METHODS OF VERIFYING ELIGIBILITY. YOU NO  
LONGER HAVE TO CONTACT THE PROVIDER ASSISTANCE CENTER AT  
1-800-688-7989 TO VERIFY ELIGIBILITY IF YOU HAVE ANOTHER METHOD  
TO DO SO. IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT ONE OF YOUR  
PROVIDER RELATIONS REPRESENTATIVES AT 1-800-688-7989.

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**April 15, 2005 EOP Mini-Messages**

**ATTENTION: ALL PROVIDERS**

THE RELEASE OF DIRECT DEPOSITS AND CHECKS FOR THIS EOP DEPENDS  
ON THE AVAILABILITY OF FUNDS. PLEASE VERIFY DIRECT



DEPOSIT STATUS WITH YOUR BANK. GO TO WWW.MEDICAID.STATE.AL.US  
TO VIEW THE PAYMENT DELAY UPDATE DETAILS. PAYMENT

MENTS WILL BE POSTED ONLY IF THERE WILL BE A PAYMENT DELAY.

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**ATTENTION: HCFA, DENTAL, AND OUTPATIENT PROVIDERS (105)**

HCFA, DENTAL, AND OUTPATIENT CLAIMS PROCESSED IN THE 04/08/2005  
WEEKEND CYCLE WERE NOT AUDITED AND AS A RESULT,

WERE NOT ADJUDICATED CORRECTLY. THESE CLAIMS WERE ADJUSTED IN  
THE 04/15/2005 WEEKEND CYCLE AND APPEAR ON YOUR 04/15/2005 EOP –  
YOU DO NOT NEED TO RESUBMIT THESE CLAIMS.

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**ATTENTION: ALL INDEPENDENT RURAL HEALTH CLINICS (105)**

IRHC'S REIMBURSEMENT IS AN ALL INCLUSIVE ENCOUNTER RATE THAT  
INCLUDES ALL SERVICES PROVIDED FOR THE ENCOUNTER (I.E. SUPPLIES,  
INJECTIONS AND RADIOLOGY PROCEDURES).

THE ONLY EXCEPTION IS LABORATORY SERVICES (PROCEDURE CODES  
80000 THROUGH 89999 WHICH MAY BE BILLED FOR IN ADDITION TO THE  
ENCOUNTER USING THE PROVIDER'S REGULAR MEDICAID NUMBER AND  
NOT THEIR IRHC NUMBER THAT BEGINS WITH 541. FOR ADDITIONAL  
INFORMATION, PLEASE CALL CAROL AKIN AT 334-242-5580.

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**ATTENTION: ALL PROVIDERS (091)**

EFFECTIVE 04/01/2005 THE REFERRAL REQUIREMENT FOR PATIENT 1ST  
RECIPIENTS WILL BE REINSTATED. MEDICAID WILL NOT COVER  
SERVICES WHICH REQUIRE A PMP REFERRAL WITHOUT THE ISSUANCE OF  
THE REFERRAL BY THE PMP.

\*\*\*\*\*

**ATTENTION: PATIENT 1ST PROVIDERS (091)**

PLEASE REMEMBER IT IS IMPORTANT TO OBTAIN THE RECIPIENT'S  
CONSENT BEFORE SUBMITTING A PMP CHANGE FORM (FORM 349).

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**ATTENTION: ALL DENTISTS AND HOSPITALS (091)**

EFFECTIVE 04/09/2005, DENTAL SERVICES FOR RECIPIENTS 5 THROUGH 20 YEARS OF AGE DONE IN THE HOSPITAL REQUIRES PRIOR AUTHORIZATION.

IF YOUR CLAIM ENTERS THE SYSTEM ON OR AFTER THIS DATE, WITHOUT A PRIOR AUTHORIZATION NUMBER, THE CLAIM WILL DENY.

\*\*\*\*\*

**ATTENTION: ALL PHARMACY PROVIDERS (077)**

PRIOR AUTHORIZATIONS FOR MEDICAID PHARMACY OUTPATIENT DRUGS MUST BE SUBMITTED PRIOR TO DISPENSING THE DRUG TO ENSURE THAT A PRIOR AUTHORIZATION APPROVAL OR DENIAL CAN BE PROCESSED BY HID. MEDICAID ONLY ALLOWS FOR RETROACTIVE PRIOR AUTHORIZATIONS WHEN THE RECIPIENT IS GRANTED RETROACTIVE ELIGIBILITY OR FOR PHARMACIES FILING BATCH CLAIMS.

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## **May 06, 2005 EOP Mini-Messages**

**ATTENTION: HOSPITALS, PHYSICIANS, FQHC, RHC (126)**

ON 4/01/05, CMS DELETED G-CODES FOR PET SCANS AND CROSS-WALKED THE G-CODES TO CPT CODES. FOR DATES OF SERVICE 07/01/05, AND THEREAFTER, MEDICAID WILL NO LONGER ACCEPT G-CODES FOR PET SCANS. PROVIDERS MAY BILL EITHER THE G-CODE OR CPT CODE UP UNTIL 07/01/05. THE CPT CODES ARE EFFECTIVE FOR DATES OF SERVICES 04/01/05 AND THEREAFTER. FOR QUESTIONS, CONTACT LEIGH ANN PAYNE AT 334-353-5263.

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## **May 20, 2005 EOP Min-Messages**

**ATTENTION: ALL PROVIDERS**

THE RELEASE OF DIRECT DEPOSITS AND CHECKS FOR THIS EOP DEPENDS ON THE AVAILABILITY OF FUNDS. PLEASE VERIFY DIRECT DEPOSIT STATUS WITH YOUR BANK. GO TO [WWW.MEDICAID.STATE.AL.US](http://WWW.MEDICAID.STATE.AL.US) TO VIEW THE PAYMENT DELAY UPDATE DETAILS. PAYMENT ALERTS WILL BE POSTED ONLY IF THERE WILL BE A PAYMENT DELAY.

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**ATTENTION: ALL PROVIDERS**

THE RELEASE OF DIRECT DEPOSITS AND CHECKS FOR THIS EOP DEPENDS ON THE AVAILABILITY OF FUNDS. PLEASE VERIFY DIRECT DEPOSIT STATUS WITH YOUR BANK. GO TO [WWW.MEDICAID.STATE.AL.US](http://WWW.MEDICAID.STATE.AL.US) TO VIEW THE PAYMENT DELAY UPDATE DETAILS. PAYMENT ALERTS WILL BE POSTED ONLY IF THERE WILL BE A PAYMENT DELAY.

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**ATTENTION: PES, LTC ADMISSION NOTIFICATION AND PROVIDER  
MANUAL USERS (140)**

MICROSOFT WILL NO LONGER BE SUPPORTING WINDOWS 95, 98, NT, OR ME. THEY WILL ONLY DO SO THROUGH A 'PAID PER INCIDENT REPORT' UNTIL 06/30/06.

THEREFORE; EFFECTIVE IMMEDIATELY, EDS HAS INCREASED THE MINIMUM REQUIREMENTS FOR ALL MEDICAID SOFTWARE AND ELECTRONIC MANUALS TO WINDOWS 2000 OR ABOVE. IF YOU HAVE ANY QUESTIONS, CONTACT THE EMC HELPDESK AT 800-456-1242.

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**ATTENTION: HOSPITALS, PHYSICIANS, FQHCS, AND RHCS (126)**

ON 04/01/05, CMS DELETED G-CODES FOR PET SCANS AND CROSS-WALKED THE G-CODES TO CPT CODES.

FOR DATES OF SERVICE 07/01/05, AND THEREAFTER, MEDICAID WILL NO LONGER ACCEPT G-CODES FOR PET SCANS. PROVIDERS MAY BILL EITHER THE G-CODE OR CPT CODE UP UNTIL 07/01/05. THE CPT CODES ARE EFFECTIVE FOR DATES OF SERVICES 04/01/05 AND THEREAFTER. FOR QUESTIONS, CONTACT LEIGH ANN PAYNE AT 334-353-5263.

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**June 03, 2005 EOP Mini-Messages**

**ATTENTION: ALL PROVIDERS**

THE RELEASE OF DIRECT DEPOSITS AND CHECKS FOR THIS EOP DEPENDS ON THE AVAILABILITY OF FUNDS. PLEASE VERIFY DIRECT DEPOSIT STATUS WITH YOUR BANK. GO TO [WWW.MEDICAID.STATE.AL.US](http://WWW.MEDICAID.STATE.AL.US) TO VIEW THE PAYMENT DELAY UPDATE DETAILS. PAYMENT ALERTS WILL BE POSTED ONLY IF THERE WILL BE A PAYMENT DELAY.

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**ATTENTION: PATIENT 1ST PMP PROVIDERS (154)**

THE AGENCY HAS IDENTIFIED PROBLEMS ENCOUNTERED BY SOME PROVIDERS WHILE ACCESSING PHARMACY INFORMATION ON INFOSOLUTIONS. DUE TO THESE PROBLEMS, THE AGENCY HAS EXTENDED THE UTILIZATION DEADLINE FOR INFOSOLUTIONS FOR 60 DAYS WHILE THESE ISSUES ARE BEING RESOLVED.

THEREFORE, EFFECTIVE 08/01/05, THE AGENCY WILL DISCONTINUE PAYING ADDITIONAL CASE MANAGEMENT MONIES IF REPORTS SHOW PROVIDERS WHO SIGNED UP FOR THIS CASE MANAGEMENT FEE ARE NOT ACTIVELY UTILIZING INFOSOLUTIONS. IF YOU HAVE QUESTIONS REGARDING INFOSOLUTIONS, PLEASE CONTACT THE INFOSOLUTIONS DEPARTMENT AT 205-220-5900, PAIGE CLARK AT 334-242-5148, OR GLORIA WRIGHT AT 334-353-5907.

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**ATTENTION: PES, LTC ADMISSION NOTIFICATION AND PROVIDER MANUAL USERS (140)**

MICROSOFT WILL NO LONGER BE SUPPORTING WINDOWS 95, 98, NT, OR ME. THEY WILL ONLY DO SO THROUGH A 'PAID PER INCIDENT REPORT UNTIL 06/30/06.

THEREFORE; EFFECTIVE IMMEDIATELY, EDS HAS INCREASED THE MINIMUM REQUIREMENTS FOR ALL MEDICAID SOFTWARE AND ELECTRONIC MANUALS TO WINDOWS 2000 OR ABOVE. IF YOU HAVE ANY QUESTIONS, CONTACT THE EMC HELPDESK AT 800-456-1242.

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**ATTENTION: HOSPITALS, PHYSICIANS, FQHCS, AND RHCS (126)**

ON 04/01/05, CMS DELETED G-CODES FOR PET SCANS AND CROSS-WALKED THE G-CODES TO CPT CODES. FOR DATES OF SERVICE 07/01/05, AND THEREAFTER, MEDICAID WILL NO LONGER ACCEPT G-CODES FOR PET SCANS. PROVIDERS MAY BILL EITHER THE G-CODE OR CPT CODE UP UNTIL 07/01/05. THE CPT CODES ARE EFFECTIVE FOR DATES OF SERVICES 04/01/05 AND THEREAFTER. FOR QUESTIONS, CONTACT LEIGH ANN PAYNE AT 334-353-5263.

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## **June 17, 2005 EOP Mini-Messages**

### **ATTENTION: ALL PROVIDERS**

THE RELEASE OF DIRECT DEPOSITS AND CHECKS FOR THIS EOP DEPENDS ON THE AVAILABILITY OF FUNDS. PLEASE VERIFY DIRECT DEPOSIT STATUS WITH YOUR BANK. GO TO [WWW.MEDICAID.STATE.AL.US](http://WWW.MEDICAID.STATE.AL.US) TO VIEW THE PAYMENT DELAY UPDATE DETAILS. PAYMENT ALERTS WILL BE POSTED ONLY IF THERE WILL BE A PAYMENT DELAY.

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### **ATTENTION: ALL PROVIDERS**

THE ALABAMA MEDICAID AGENCY AND EDS WILL BE CLOSED 07/05/05 IN OBSERVANCE OF INDEPENDENCE DAY. THE PHARMACY HELPDESK WILL BE AVAILABLE FROM 9:00 A.M. UNTIL 5:00 P.M. AND CAN BE REACHED AT 1-800-456-1242.

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### **ATTENTION: PHYSICIANS, PHYSICIAN ASSISTANTS, NURSE PRACTITIONERS, DIALYSIS FACILITIES, IRHCS, PBRHCS, FQHCS, AND COUNTY HEALTH DEPARTMENTS (167)**

EFFECTIVE FOR DATES OF SERVICE 07/01/05 AND THEREAFTER, THE ALABAMA MEDICAID AGENCY WILL ADOPT MEDICARE'S DRUG PRICING METHODOLOGY USING THE AVERAGE SALE PRICE (ASP) FOR HCPCS INJECTABLE DRUG CODES. IN KEEPING WITH MEDICARE GUIDELINES, ALABAMA MEDICAID WILL ALSO ADOPT THE TEMPORARY G CODES DESIGNATED FOR CHEMOTHERAPY AND NON-CHEMOTHERAPY ADMINISTRATION CODES. PLEASE REVIEW IN DETAIL THE UPCOMING ALERT ON PRICE METHODOLOGY.

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### **ATTENTION: PATIENT 1ST PMP PROVIDERS (154)**

THE AGENCY HAS IDENTIFIED PROBLEMS ENCOUNTERED BY SOME PROVIDERS WHILE ACCESSING PHARMACY INFORMATION ON INFOSOLUTIONS. DUE TO THESE PROBLEMS, THE AGENCY HAS EXTENDED THE UTILIZATION DEADLINE FOR INFOSOLUTIONS FOR 60 DAYS WHILE THESE ISSUES ARE BEING RESOLVED. THEREFORE, EFFECTIVE 08/01/05, THE AGENCY WILL DISCONTINUE PAYING ADDITIONAL CASE MANAGEMENT MONIES IF REPORTS SHOW PROVIDERS WHO SIGNED UP FOR THIS CASE MANAGEMENT FEE ARE NOT ACTIVELY UTILIZING INFOSOLUTIONS. IF YOU HAVE QUESTIONS REGARDING INFOSOLUTIONS, PLEASE CONTACT THE INFOSOLUTIONS DEPARTMENT AT 205-220-5900, PAIGE CLARK AT 334-242-5148, OR GLORIA WRIGHT AT 334-353-5907.

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**ATTENTION: PES, LTC ADMISSION NOTIFICATION AND PROVIDER  
MANUAL USERS (140)**

MICROSOFT WILL NO LONGER BE SUPPORTING WINDOWS 95, 98, NT, OR ME. THEY WILL ONLY DO SO THROUGH A 'PAID PER INCIDENT REPORT' UNTIL 06/30/06. THEREFORE; EFFECTIVE IMMEDIATELY, EDS HAS INCREASED THE MINIMUM REQUIREMENTS FOR ALL MEDICAID SOFTWARE AND ELECTRONIC MANUALS TO WINDOWS 2000 OR ABOVE. IF YOU HAVE ANY QUESTIONS, CONTACT THE EMC HELPDESK AT 800-456-1242.

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## **July 08, 2005 EOP Mini-Messages**

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**ATTENTION: ALL PROVIDERS**

THE RELEASE OF DIRECT DEPOSITS AND CHECKS FOR THIS EOP DEPENDS ON THE AVAILABILITY OF FUNDS. PLEASE VERIFY DIRECT DEPOSIT STATUS WITH YOUR BANK. GO TO [WWW.MEDICAID.STATE.AL.US](http://WWW.MEDICAID.STATE.AL.US) TO VIEW THE PAYMENT DELAY UPDATE DETAILS. PAYMENT ALERTS WILL BE POSTED ONLY IF THERE WILL BE A PAYMENT DELAY.

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**ATTENTION: TRANSPORTATION PROVIDERS (189)**

PLEASE REFER TO THE ALERT DATED 07/08/05 FOR INFORMATION REGARDING BILLING FOR TRANSPORTATION OF MEDICAID RECIPIENTS FROM THE PATH OF HURRICANE DENNIS. PROVIDER ALERTS, NOTICES AND ANY HURRICANE-RELATED ISSUES, WILL BE POSTED TO THE AGENCY'S WEBSITE AT [WWW.MEDICAID.STATE.AL.US](http://WWW.MEDICAID.STATE.AL.US). TO ACCESS THIS INFORMATION, CLICK ON THE FIND IT FAST DROP-DOWN MENU IN THE UPPER RIGHT CORNER OF ANY PAGE AND SELECT "PROVIDER UPDATES" OR CLICK ON THE "NEWS" TAB AND FOLLOW THE APPROPRIATE LINK.

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**ATTENTION: PHYSICIANS, PHYSICIAN ASSISTANTS, NURSE  
PRACTITIONERS, DIALYSIS FACILITIES, IRHCS, PBRHCS, FQHCS, AND  
COUNTY HEALTH DEPARTMENTS (167)**

EFFECTIVE FOR DATES OF SERVICE 07/01/05 AND THEREAFTER, THE ALABAMA MEDICAID AGENCY WILL ADOPT MEDICARE'S DRUG PRICING METHODOLOGY USING THE AVERAGE SALE PRICE (ASP) FOR HCPCS INJECTABLE DRUG CODES. IN KEEPING WITH MEDICARE GUIDELINES, ALABAMA MEDICAID WILL ALSO ADOPT THE TEMPORARY G CODES DESIGNATED FOR CHEMOTHERAPY AND NON-CHEMOTHERAPY

ADMINISTRATION CODES. PLEASE REVIEW IN DETAIL THE UPCOMING  
ALERT ON PRICE METHODOLOGY.

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**ATTENTION: PATIENT 1ST PMP PROVIDERS (154)**

THE AGENCY HAS IDENTIFIED PROBLEMS ENCOUNTERED BY SOME  
PROVIDERS WHILE ACCESSING PHARMACY INFORMATION ON  
INFOSOLUTIONS. DUE TO THESE PROBLEMS, THE AGENCY HAS EXTENDED  
THE UTILIZATION DEADLINE FOR INFOSOLUTIONS FOR 60 DAYS WHILE  
THESE ISSUES ARE BEING RESOLVED. THEREFORE, EFFECTIVE 08/01/05,  
THE AGENCY WILL DISCONTINUE PAYING ADDITIONAL CASE  
MANAGEMENT MONIES IF REPORTS SHOW PROVIDERS WHO SIGNED UP  
FOR THIS CASE MANAGEMENT FEE ARE NOT ACTIVELY UTILIZING  
INFOSOLUTIONS. IF YOU HAVE QUESTIONS REGARDING INFOSOLUTIONS,  
PLEASE CONTACT THE INFOSOLUTIONS DEPARTMENT AT 205-220-5900,  
PAIGE CLARK AT 334-242-5148, OR GLORIA WRIGHT AT 334-353-5907.

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ATTENTION: PES, LTC ADMISSION NOTIFICATION AND PROVIDER MANUAL  
USERS (140) MICROSOFT WILL NO LONGER BE SUPPORTING WINDOWS 95,  
98, NT, OR ME. THEY WILL ONLY DO SO THROUGH A 'PAID PER INCIDENT  
REPORT' UNTIL 06/30/06. THEREFORE; EFFECTIVE IMMEDIATELY, EDS HAS  
INCREASED THE MINIMUM REQUIREMENTS FOR ALL MEDICAID  
SOFTWARE AND ELECTRONIC MANUALS TO WINDOWS 2000 OR ABOVE. IF  
YOU HAVE ANY QUESTIONS, CONTACT THE EMC HELPDESK AT  
800-456-1242.

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## **July 22, 2005 EOP Mini-Messages**

**ATTENTION: ALL PROVIDERS**

THE RELEASE OF DIRECT DEPOSITS AND CHECKS FOR THIS EOP DEPENDS  
ON THE AVAILABILITY OF FUNDS. PLEASE VERIFY DIRECT DEPOSIT  
STATUS WITH YOUR BANK. GO TO [WWW.MEDICAID.STATE.AL.US](http://WWW.MEDICAID.STATE.AL.US) TO VIEW  
THE PAYMENT DELAY UPDATE DETAILS. PAYMENT ALERTS WILL BE  
POSTED ONLY IF THERE WILL BE A PAYMENT DELAY.

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**ATTENTION: TRANSPORTATION PROVIDERS (189)**

PLEASE REFER TO THE ALERT DATED 07/08/05 FOR INFORMATION  
REGARDING BILLING FOR TRANSPORTATION OF MEDICAID RECIPIENTS  
FROM THE PATH OF HURRICANE DENNIS. PROVIDER ALERTS, NOTICES  
AND ANY HURRICANE-RELATED ISSUES, WILL BE POSTED TO THE  
AGENCY'S WEBSITE AT [WWW.MEDICAID.STATE.AL.US](http://WWW.MEDICAID.STATE.AL.US). TO ACCESS THIS  
INFORMATION, CLICK ON THE FIND IT FAST DROP-DOWN MENU IN THE  
UPPER RIGHT CORNER OF ANY PAGE AND SELECT "PROVIDER UPDATES"  
OR CLICK ON THE "NEWS" TAB AND FOLLOW THE APPROPRIATE LINK.

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**ATTENTION: PHYSICIANS, PHYSICIAN ASSISTANTS, NURSE  
PRACTITIONERS, DIALYSIS FACILITIES, IRHCS, PBRHCS, FQHCS, AND  
COUNTY HEALTH DEPARTMENTS (167)**

EFFECTIVE FOR DATES OF SERVICE 07/01/05 AND THEREAFTER, THE ALABAMA MEDICAID AGENCY WILL ADOPT MEDICARE'S DRUG PRICING METHODOLOGY USING THE AVERAGE SALE PRICE (ASP) FOR HCPCS INJECTABLE DRUG CODES. IN KEEPING WITH MEDICARE GUIDELINES, ALABAMA MEDICAID WILL ALSO ADOPT THE TEMPORARY G CODES DESIGNATED FOR CHEMOTHERAPY AND NON-CHEMOTHERAPY ADMINISTRATION CODES. PLEASE REVIEW IN DETAIL THE UPCOMING ALERT ON PRICE METHODOLOGY.

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**ATTENTION: PATIENT 1ST PMP PROVIDERS (154)**

THE AGENCY HAS IDENTIFIED PROBLEMS ENCOUNTERED BY SOME PROVIDERS WHILE ACCESSING PHARMACY INFORMATION ON INFOSOLUTIONS. DUE TO THESE PROBLEMS, THE AGENCY HAS EXTENDED THE UTILIZATION DEADLINE FOR INFOSOLUTIONS FOR 60 DAYS WHILE THESE ISSUES ARE BEING RESOLVED. THEREFORE, EFFECTIVE 08/01/05, THE AGENCY WILL DISCONTINUE PAYING ADDITIONAL CASE MANAGEMENT MONIES IF REPORTS SHOW PROVIDERS WHO SIGNED UP FOR THIS CASE MANAGEMENT FEE ARE NOT ACTIVELY UTILIZING INFOSOLUTIONS. IF YOU HAVE QUESTIONS REGARDING INFOSOLUTIONS, PLEASE CONTACT THE INFOSOLUTIONS DEPARTMENT AT 205-220-5900, PAIGE CLARK AT 334-242-5148, OR GLORIA WRIGHT AT 334-353-5907.

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**ATTENTION: PES, LTC ADMISSION NOTIFICATION AND PROVIDER  
MANUAL USERS (140)**

MICROSOFT WILL NO LONGER BE SUPPORTING WINDOWS 95, 98, NT, OR ME. THEY WILL ONLY DO SO THROUGH A 'PAID PER INCIDENT REPORT' UNTIL 06/30/06. THEREFORE; EFFECTIVE IMMEDIATELY, EDS HAS INCREASED THE MINIMUM REQUIREMENTS FOR ALL MEDICAID SOFTWARE AND ELECTRONIC MANUALS TO WINDOWS 2000 OR ABOVE. IF YOU HAVE ANY QUESTIONS, CONTACT THE EMC HELPDESK AT 800-456-1242.

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## **August 5, 2005 EOP Mini-Messages**

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### **ATTENTION: ALL PROVIDERS**

THE RELEASE OF DIRECT DEPOSITS AND CHECKS FOR THIS EOP DEPENDS ON THE AVAILABILITY OF FUNDS. PLEASE VERIFY DIRECT DEPOSIT STATUS WITH YOUR BANK. GO TO [WWW.MEDICAID.STATE.AL.US](http://WWW.MEDICAID.STATE.AL.US) TO VIEW THE PAYMENT DELAY UPDATE DETAILS. PAYMENT ALERTS WILL BE POSTED ONLY IF THERE WILL BE A PAYMENT DELAY.

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### **ATTENTION: PHYSICIANS, PHYSICIAN ASSISTANTS, NURSE PRACTITIONERS, DIALYSIS FACILITIES, IRHCS, PBRHCS, FQHCS, AND COUNTY HEALTH DEPARTMENTS (168)**

EFFECTIVE FOR DATES OF SERVICE 07/01/05 AND THEREAFTER, THE ALABAMA MEDICAID AGENCY WILL ADOPT MEDICARE'S DRUG PRICING METHODOLOGY USING THE AVERAGE SALE PRICE (ASP) FOR HCPCS INJECTABLE DRUG CODES. IN KEEPING WITH MEDICARE GUIDELINES, ALABAMA MEDICAID WILL ALSO ADOPT THE TEMPORARY G CODES DESIGNATED FOR CHEMOTHERAPY AND NON-CHEMOTHERAPY ADMINISTRATION CODES. PLEASE REVIEW IN DETAIL THE UPCOMING ALERT ON PRICE METHODOLOGY.

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### **ATTENTION: PATIENT 1ST PMP PROVIDERS (154)**

THE AGENCY HAS IDENTIFIED PROBLEMS ENCOUNTERED BY SOME PROVIDERS WHILE ACCESSING PHARMACY INFORMATION ON INFOSOLUTIONS. DUE TO THESE PROBLEMS, THE AGENCY HAS EXTENDED THE UTILIZATION DEADLINE FOR INFOSOLUTIONS FOR 60 DAYS WHILE THESE ISSUES ARE BEING RESOLVED. THEREFORE, EFFECTIVE 08/01/05, THE AGENCY WILL DISCONTINUE PAYING ADDITIONAL CASE MANAGEMENT MONIES IF REPORTS SHOW PROVIDERS WHO SIGNED UP FOR THIS CASE MANAGEMENT FEE ARE NOT ACTIVELY UTILIZING INFOSOLUTIONS. IF YOU HAVE QUESTIONS REGARDING INFOSOLUTIONS, PLEASE CONTACT THE INFOSOLUTIONS DEPARTMENT AT 205-220-5900, PAIGE CLARK AT 334-242-5148, OR GLORIA WRIGHT AT 334-353-5907.

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## **August 19, 2005 EOP Mini-Messages**

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### **ATTENTION: ALL PROVIDERS**

THE RELEASE OF DIRECT DEPOSITS AND CHECKS FOR THIS EOP DEPENDS ON THE AVAILABILITY OF FUNDS. PLEASE VERIFY DIRECT DEPOSIT STATUS WITH YOUR BANK. GO TO [WWW.MEDICAID.STATE.AL.US](http://WWW.MEDICAID.STATE.AL.US) TO VIEW THE PAYMENT DELAY UPDATE DETAILS. PAYMENT ALERTS WILL BE POSTED ONLY IF THERE WILL BE A PAYMENT DELAY.

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### **ATTENTION: ALL PROVIDERS**

THE ALABAMA MEDICAID AGENCY AND EDS WILL BE CLOSED ON 09/05/05 IN OBSERVANCE OF LABOR DAY. THE PHARMACY HELPDESK WILL BE AVAILABLE FROM 9:00 A.M. UNTIL 5:00 P.M. AND CAN BE REACHED AT 1-800-456-1242.

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### **ATTENTION: ALL EPSDT SCREENERS AND PHYSICIANS (231)**

PROCEDURE CODE 92551 WITH EP MODIFIER SHOULD BE USED FOR HEARING SCREENING OF AGES 5 AND ABOVE IN CONJUNCTION WITH EPSDT SCREENING. PROCEDURE CODE 99173 WITH EP MODIFIER SHOULD BE USED FOR VISION SCREENING OF AGES 3 AND ABOVE. PROCEDURE CODE 92285 (EXTERNAL OCULAR PHOTOGRAPHY WITH INTERPRETATION AND REPORT....) SHOULD NOT BE BILLED FOR ROUTINE VISION SCREENINGS. THIS CODE SHOULD BE RESERVED FOR SPECIAL OPHTHAMOLOGICAL SERVICES. INAPPROPRIATE BILLING OF 92285 IS SUBJECT TO POST PAYMENT REVIEW.

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### **ATTENTION: MEDICAID PHYSICIANS, PHARMACIES, RENAL DIALYSIS FACILITIES AND LTC FACILITIES (231)**

CLARIFICATION OF 'STATEMENT OF MEDICAL NECESSITY' SENT IN THE PROVIDER ALERT DATED 08/15/05. THE CERTIFICATION STATEMENT MUST BE WRITTEN OR STAMPED ON THE PRESCRIPTION OR REPRODUCED ON A FORM ACCOMPANYING THE PRESCRIPTIONS.

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## **September 02, 2005 EOP Mini-Messages**

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### **ATTENTION: ALL PROVIDERS**

THE RELEASE OF DIRECT DEPOSITS AND CHECKS FOR THIS EOP DEPENDS ON THE AVAILABILITY OF FUNDS. PLEASE VERIFY DIRECT DEPOSIT STATUS WITH YOUR BANK. GO TO [WWW.MEDICAID.STATE.AL.US](http://WWW.MEDICAID.STATE.AL.US) TO VIEW THE PAYMENT DELAY UPDATE DETAILS. PAYMENT ALERTS WILL BE POSTED ONLY IF THERE WILL BE A PAYMENT DELAY.

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### **ATTENTION: ALL PROVIDERS (245)**

THE ALABAMA MEDICAID AGENCY IS WORKING WITH MEDICAID PROGRAMS IN MISSISSIPPI AND LOUISIANA TO COORDINATE COVERAGE OF ESSENTIAL SERVICES FOR THOSE MEDICAID RECIPIENTS WHO HAVE MIGRATED TO ALABAMA DUE TO HURRICANE KATRINA. ALABAMA MEDICAID PROVIDERS SHOULD FEEL CONFIDENT REGARDING REIMBURSEMENT OF SERVICES TO DISPLACED MEDICAID RECIPIENTS FROM LOUISIANA AND MISSISSIPPI. PLEASE NOTE THAT PROVIDERS WILL BE PAID BASED ON OUT-OF-STATE COVERAGE POLICIES ESTABLISHED BY MEDICAID PROGRAMS IN THOSE STATES. PROVIDER ENROLLMENT FORMS AND INSTRUCTIONS ARE AVAILABLE ON THE ALABAMA MEDICAID WEBSITE AT [WWW.MEDICAID.STATE.AL.US](http://WWW.MEDICAID.STATE.AL.US).

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### **ATTENTION: ALL EPSDT SCREENERS AND PHYSICIANS (231)**

PROCEDURE CODE 92551 WITH EP MODIFIER SHOULD BE USED FOR HEARING SCREENING OF AGES 5 AND ABOVE IN CONJUNCTION WITH EPSDT SCREENING. PROCEDURE CODE 99173 WITH EP MODIFIER SHOULD BE USED FOR VISION SCREENING OF AGES 3 AND ABOVE. PROCEDURE CODE 92285 (EXTERNAL OCULAR PHOTOGRAPHY WITH INTERPRETATION AND REPORT...) SHOULD NOT BE BILLED FOR ROUTINE VISION SCREENINGS. THIS CODE SHOULD BE RESERVED FOR SPECIAL OPHTHAMOLOGICAL SERVICES. INAPPROPRIATE BILLING OF 92285 IS SUBJECT TO POST PAYMENT REVIEW.

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### **ATTENTION: MEDICAID PHYSICIANS, PHARMACIES, RENAL DIALYSIS FACILITIES AND LTC FACILITIES (231)**

CLARIFICATION OF 'STATEMENT OF MEDICAL NECESSITY' SENT IN THE PROVIDER ALERT DATED 08/15/05. THE CERTIFICATION STATEMENT MUST BE WRITTEN OR STAMPED ON THE PRESCRIPTION OR REPRODUCED ON A FORM ACCOMPANYING THE PRESCRIPTIONS.

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## **September 09, 2005 EOP Mini-Messages**

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### **ATTENTION: ALL PROVIDERS**

THE RELEASE OF DIRECT DEPOSITS AND CHECKS FOR THIS EOP DEPENDS ON THE AVAILABILITY OF FUNDS. PLEASE VERIFY DIRECT DEPOSIT STATUS WITH YOUR BANK. GO TO [WWW.MEDICAID.STATE.AL.US](http://WWW.MEDICAID.STATE.AL.US) TO VIEW THE PAYMENT DELAY UPDATE DETAILS. PAYMENT ALERTS WILL BE POSTED ONLY IF THERE WILL BE A PAYMENT DELAY.

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### **ATTENTION: ALL PROVIDERS (245)**

THE ALABAMA MEDICAID AGENCY IS WORKING WITH MEDICAID PROGRAMS IN MISSISSIPPI AND LOUISIANA TO COORDINATE COVERAGE OF ESSENTIAL SERVICES FOR THOSE MEDICAID RECIPIENTS WHO HAVE MIGRATED TO ALABAMA DUE TO HURRICANE KATRINA. ALABAMA MEDICAID PROVIDERS SHOULD FEEL CONFIDENT REGARDING REIMBURSEMENT OF SERVICES TO DISPLACED MEDICAID RECIPIENTS FROM LOUISIANA AND MISSISSIPPI. PLEASE NOTE THAT PROVIDERS WILL BE PAID BASED ON OUT-OF-STATE COVERAGE POLICIES ESTABLISHED BY MEDICAID PROGRAMS IN THOSE STATES. PROVIDER ENROLLMENT FORMS AND INSTRUCTIONS ARE AVAILABLE ON THE ALABAMA MEDICAID WEBSITE AT [WWW.MEDICAID.STATE.AL.US](http://WWW.MEDICAID.STATE.AL.US).

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### **ATTENTION: ALL EPSDT SCREENERS AND PHYSICIANS (231)**

PROCEDURE CODE 92551 WITH EP MODIFIER SHOULD BE USED FOR HEARING SCREENING OF AGES 5 AND ABOVE IN CONJUNCTION WITH EPSDT SCREENING. PROCEDURE CODE 99173 WITH EP MODIFIER SHOULD BE USED FOR VISION SCREENING OF AGES 3 AND ABOVE.

PROCEDURE CODE 92285 (EXTERNAL OCULAR PHOTOGRAPHY WITH INTERPRETATION AND REPORT...) SHOULD NOT BE BILLED FOR ROUTINE VISION SCREENINGS. THIS CODE SHOULD BE RESERVED FOR SPECIAL OPHTHAMOLOGICAL SERVICES. INAPPROPRIATE BILLING OF 92285 IS SUBJECT TO POST PAYMENT REVIEW.

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### **ATTENTION: MEDICAID PHYSICIANS, PHARMACIES, RENAL DIALYSIS FACILITIES AND LTC FACILITIES (231)**

CLARIFICATION OF 'STATEMENT OF MEDICAL NECESSITY' SENT IN THE PROVIDER ALERT DATED 08/15/05. THE CERTIFICATION STATEMENT MUST BE WRITTEN OR STAMPED ON THE PRESCRIPTION OR REPRODUCED ON A FORM ACCOMPANYING THE PRESCRIPTIONS.

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